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PETITION FOR EXTENSION OF			Docket Number (Opt 19113-1-(ional)
	In re Application of	Ka	rl F. Popp	
	Application Number	10/044,275	Filed 1/	/10/2002
	For Metronidazole Pl	edgets		
	Group Art Unit Examiner Humera N		. Sheikh	
This is a request under the provisions of reply in the above identified application.	37 CFR 1.136(a) to e	xtend the period for	filing a	
The requested extension and appropriate (check time period desired):	e non-small-entity fee	are as follows		
One month (37 CFR 1.17(a)(1))		\$	
Two months (37 CFR 1.17(a)(2))			\$	·
Three months (37 CFR 1.17(a)(3)) \$ 950.00				950.00
Four months (37 CFR 1.17(a)(4))				
Five months (37 CFR 1.17(a)(5))				
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above is reduced by one-half, and the resulting fee is: \$				
A check in the amount of the fee	is enclosed.		•	%
Payment by credit card. Form P1				
The Commissioner has already be application to a Deposit Account.	een authorized to cha	rge fees in this	ECHO	OV, SVA
The Commissioner is hereby aution credit any overpayment, to De I have enclosed a duplicate copy	posit Account Number	fees which may be to 502725.	required,	PECEVED ED
1 am the applicant/inventor				00/2000
assignee of record of t	he entire interest. See 7 CFR 3.73(b) is encl	37 CFR 3.71. osed. (Form PTO/S	B/96). R E	CEIVED
attorney or agent of re			-	
attorney or agent und Registration number if	er 37 CFR 1.34(a). acting under 37 CFR 1.34(a)46,167	AP	R 0 6 2004
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO 2038 VIER 1600/2900				
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11/05/2003		- 13		10044275
Date		6ig fia		100
			ry Fischer	ls
		Typed	d or printed name	0275
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				0000034 502725 0.00 DR
Total of two (2) forms are submitted	ed.			00000034 50.00 DR

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control number. Docket Number (Optional) FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) 19113-1-0031 In re Application of Karl F. Popp Filed Application Number 1/10/2002 10/044,275 Metronidazole Pledgets Group Art Unit Examiner 1615 Humera N. Sheikh This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and appropriate non-small-entity fee are as follows (check time period desired): One month (37 CFR 1.17(a)(1)) Two months (37 CFR 1.17(a)(2)) 950.00 Three months (37 CFR 1.17(a)(3)) Four months (37 CFR 1.17(a)(4)) Five months (37 CFR 1.17(a)(5)) Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$_____. A check in the amount of the fee is enclosed. HECENTER 1600/200 Payment by credit card. Form PTO-2038 is attached. The Commissioner has already been authorized to charge fees in this application to a Deposit Account. The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 502725. I have enclosed a duplicate copy of this sheet. I am the applicant/inventor assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). attorney or agent of record. attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a)_ WARNING: Information on this form may become public. Credit card information be included on this form. Provide credit card information and authorization on PTO-2038 11/05/2003 **Gighature** Date **Ury Fischer** Typed or printed name NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. X Total of two (2) forms are submitted.